

192

9/11/02 90/03 040 \* 61.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 23 AM 8:00

DOCUMENT # N00000006256

1. Corporation Name

Kiwanis of Aventura Foundation, Inc.

**REINSTATEMENT** 02-03

200025731682  
12/23/03--01050--003 \*\*61.25

MRS

2. Principal Office Address

2785 N.E. 183rd St.

3. Mailing Office Address

2785 N.E 183rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura, Florida

City & State

Aventura, Florida

4. Date Incorporated or Qualified To Do Business in Florida

09/18/2000

5. FEI Number

651034846

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

33180

Country

Miami Dade

Zip

3310

Country

7. Name and Address of Current Registered Agent

Name

Pinder, Thomas K

Street Address (P.O. Box Number is Not Acceptable)

18010 N.E. 10th Avenue

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*Dr. Thomas K. Pinder*  
REGISTERED AGENT MUST SIGN

Date 12/11/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ponce, Carlos	1180 N.E. 161st Street	North Miami Beach, Fl. 33162
V	Pinder, Thomas K.	18010 N.E. 10th Avenue	North Miami Beach, Fl 33162
S	Simon Shelly	21431 Highland Lakes Blouvard	Mami, Fl 33179
D	Shenker, Ferris	2365 N.E. 213th Terrace	Miami, Fl. 33179
T	Zimmerman, Barbara	20281 E. Country Club Dr.	Aventura, Fl 33180
D	Ross, Howard	2459 N.E. 202nd Street	Aventura, Fl. 33180

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

*Barbara Zimmerman*

Barbara Zimmerman

12/11/2003 305-933-9513

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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**Kiwanis of Aventura Foundation  
2785 N.E. 183<sup>rd</sup> Street  
Aventura, Florida 33160**

December 11, 2003

To whom it may concern:

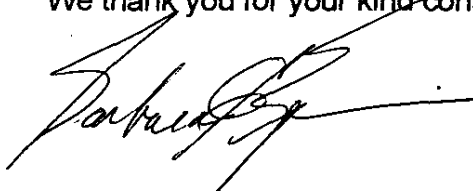
I am writing this letter with the hope that I can clarify and understand what must have occurred. The Kiwanis of Aventura Foundation wishes consideration for this late filing.

I was reviewing our checkbook and noticed that a urb check had been sent out the year before and we never received a new form to submit in September 2003. I thought that the forms would be sent automatically, though we never received it.

What I think occurred is that we had a change of our mailing address. Due to the illness of the member that got the mail from our PO Box she was unable to continue, thus the change of address.

I am enclosing a check in amount of \$61.25 as directed by the person (Justin) that I spoke to and the reinstatement form.

We thank you for your kind consideration.



Barbara Zimmerman  
Treasurer  
Kiwanis of Aventura Foundation